

9340

write Plain with Unfading Ink.—This is a Permanent record.

u. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of _____
Town of Roosevelt Ariz
City of _____ (No. _____ St.; _____ Ward)

Register No. 59
Ter. Index No. 106

ORIGINAL CERTIFICATE OF BIRTH.

FULL NAME OF CHILD William George Webb { Born ☒ Alive ☒ }
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Boy</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 14</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER Full Name <u>W. George Webb</u> Residence <u>Roosevelt Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Delaware Kansas</u> Occupation <u>Merchant</u>				MOTHER Full Maiden Name <u>Edna E. Pulsifer</u> Residence <u>Roosevelt Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>23</u> (Years) Birthplace _____ Occupation <u>House wife</u>	

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on _____, 19____, at _____ M.

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) J. W. Smith M.D. (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address _____

116-571 Mar 20 1911 J. L. Evans
COUNTY REGISTRAR LOCAL REGISTRAR
COUNTY REGISTRAR